

Foster Family Home - Corrective Action Report

Provider ID: 2-582769

Home Name: Marisol Galzote, CNA

Review ID: 2-582769-6

1506 Mailani Street

Reviewer: Carol Copeland

Hilo HI 96720

Begin Date: 6/19/2019

Foster Family Home

Required Certificate

[11-800-6]

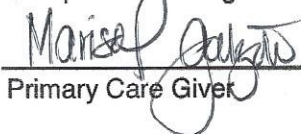
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1) Home inspection performed to recertify three client home. Home in compliance on day of inspection. Corrective action report issued with no plan of correction due to CTA.



Compliance Manager



Primary Care Giver

6/19/19

Date

6/19/19

Date